

**AMHERST HEALTH DEPARTMENT**

70 BOLTWOOD WALK • AMHERST • MA • 01002

Main Office (413) 259-3077 Fax (413) 259-2404

www.amherstma.gov

**APPLICATION FOR TOBACCO SALES PERMIT**

**TOBACCO SALES PERMIT: ANNUAL FEE \$300.00**

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Mailing Address (if different): \_\_\_\_\_

Email Address \_\_\_\_\_

Name and Title of Applicant (Permit Holder): \_\_\_\_\_

Address of Permit Holder: \_\_\_\_\_

Name of Owner (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Manager (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

**Massachusetts Department of Revenue License (MA DOR) #** \_\_\_\_\_

*In order to issue a local tobacco sales permit, you must show proof of a renewed DOR license before the local permit can be issued. You cannot sell tobacco products in the Town of Amherst without a DOR license and local permit.*

Give name, title, and home address of all officers, directors if a corporation, partners, including limited and general partners if a partnership; trustee(s) if a trust:

Name	Title	Home Address	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation: \_\_\_\_\_

Name of Local Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

The permit holder applicant of the establishment applying for a Board of Health Tobacco Sales Permit must initial each of the statements below and sign the statement at the bottom.

\_\_\_\_ 1. I understand it is against the law to sell cigarettes, cigars or any tobacco product to anyone younger than 18 years of age, regardless of how old the person looks.

\_\_\_\_ 2. I understand the Amherst Board of Health Regulation requires anyone selling tobacco to conclusively establish that the customer is 18 years of age or older by means of state approved photographic ID such as a U.S. Military ID, MA Driver's License or passport.

\_\_\_\_ 3. I understand the Amherst Board of Health will conduct frequent compliance checks of my business to ensure I am not selling tobacco products to minors. This means the Board of Health will send minors into my establishment who will attempt to purchase tobacco and that these minors may or may not look 18 years of age.

\_\_\_\_ 4. I understand self-service tobacco displays from which the customer may select tobacco products are prohibited.

\_\_\_\_ 5. I understand the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.

\_\_\_\_ 6. I understand I must display the MA Department of Public Health signs stating that "Sale of Tobacco to Minors is Prohibited."

\_\_\_\_ 7. I understand I must complete a transfer of permit application for approval by the Board of Health in advance of any proposed change in permit holder.

\_\_\_\_ 8. I understand no person or entity may install or maintain a vending machine to distribute or sell tobacco products within the Town of Amherst.

\_\_\_\_ 9. I understand no person or entity shall distribute or furnish without charge or at less than full retail price cigarettes, cigars or other tobacco products or coupons for cigarettes or any tobacco products in any public place or at any event open to the public.

\_\_\_\_ 10. I understand sale or distribution of tobacco products by delivery services to customers at locations other than the permit holder's business address is prohibited.

\_\_\_\_ 11. I understand smoking or allowing smoking in Public Places or Work Places is punishable by the fine schedule and suspension of Board of Health license(s) and permit(s) as outlined in Section J of the Regulations of the Amherst Board of Health: Tobacco Sales Permits and Sale of Tobacco Products to Minors.

\_\_\_\_ 12. I understand, in addition to any other permits that may be required, I am required to have a valid Town of Amherst Tobacco Sales Permit in order to sell tobacco in the Town of Amherst. I understand that sale of tobacco products without this permit may result in fines and/or suspension of other Health Department Permits and Licenses.

I have received, read and agree to abide by all clauses of the Amherst Tobacco Control Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print name \_\_\_\_\_

## **Attention Tobacco Retailers**

1. Please make as many copies of Page 2 of the Permit application as you need so that all the appropriate persons may sign and initial copies of Page 2. Corporate officers and each local store manager must sign and initial copies of Page 2.
2. Please note each violation of the *Town of Amherst Board of Health Regulation Restricting the Sale and Use of Tobacco Products and Nicotine Delivery Products* may result in a fine and/or suspension of your Tobacco Sales permit. Prior to any permit suspension, the Board of Health will notify the permit holder or licensee of the intent to hold a hearing to discuss permit suspension.
3. Please note: in the case of a permit holder or licensee who has been found in violation for a third or subsequent time within a twenty-four month period, the Board of Health may, after hearing and notice as provided in the Amherst Tobacco Control regulations, revoke or decline to renew any such permit or license.
4. Please type or print clearly. Mail Page 1 & 2 of the completed application and a check payable to the Town of Amherst.
5. Please Note The Following Late Fees Will Be Enforced :  
First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100

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Please Fill Out the Application in its Entirety and Mail the Completed Application Form to the Address Below With Your Payment.

Please **Make Checks Payable to:** Town of Amherst

**Mail Complete Application and Fee to:**

Amherst Health Department  
Attn: License Application  
Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002